

BEST AVAILABLE COPY

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | SERIAL NO. 070506 | FILING DATE |
|---|----------|------|---------------------|------|---------------------|------|----------------------|-------------|
| CLAIMS | | | | | | | APPLICANT | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | IND. | DEP. |
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| TOTAL CLAIMS | 24 | | | | | | | |
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